



5th Annual Housing Institute

THE BENEFITS ENTITLEMENT SERVICES TEAM (BEST) FOR THE HOMELESS

A PROJECT OF JWCH INSTITUTE



BEST Project: Why SSI/SSDI is Important to Housing

PANELISTS

- **Leepi Shikhada**- Project Manager I, A County Department of Health Services - Integrated Programs Division (Moderator)
- **Steve Flores**- Project Director JWCH BEST Project
- **Dr. Kevin Hayes**- Staff Psychiatrist JWCH BEST Project
- **Rose Liu**- Case Manager JWCH BEST Project
- **Patrick McLellan**- Professional Relations Specialist Disability Determination Services LA WEST
- **Elaine Lee**- Assistant District Manager Social Security Administration

- Understand the qualifications of the BEST Project
- Identify clients in the community that can benefit from benefits entitlements
- Learn how SSI/SSDI can lead to housing

LEARNING
OBJECTIVES

Introduction to the BEST Project

Steve Flores



"An innovative program assisting homeless individuals in obtaining Social Security and/or supplemental security income benefits."



GOAL OF THE PROJECT

- To reduce barriers and achieve positive outcomes for homeless individuals applying for SSDI/SSI throughout Los Angeles County.
- Make connections with hospitals and clinics and other homeless services agencies to receive referrals and provide training to create capacity in the region.

FUNDED BY

- Los Angeles County Board of Supervisors Homeless Prevention Initiative (HPI) through the Department of Health Services (DHS).
- Launched December 1, 2009
- Currently in 3rd year of funding

PARTNERSHIP

- John Wesley Community Health (JWCH Institute)
- Social Security Administration (SSA)
- Disability Determination Service (DDS)
- DHS Homeless Services Unit staff

FIELD SERVICE SITES

Center for Community Health
522 S. San Pedro Street, Los Angeles, CA 90013
(213) 383-4991

JWCH Recuperative Care at the Salvation Army Bell Shelter
5600 Rickenbacker Rd. Bldg 1E, Bell, CA 90201
(213) 447-9885

Cleaver Family Wellness Clinic
4568 Santa Anita Blvd. El Monte, CA 91731
(213) 447-9885

MJB Shelter
11152 S. Main St. Los Angeles CA 90061
(213) 447-9903

MULTIDISCIPLINARY TEAM

- Case managers
- Outreach worker
- Psychiatrists
- Primary care physicians
- Social Security Administration analysts and reps
- Disability Determination Services analysts and reps
- DHS Homeless Services Unit staff

TARGET POPULATION

- Shelter based homeless
- Street based homeless
- Living in transitional housing
- Formerly homeless; permanently housed for less than one year



ELIGIBILITY CRITERIA

- Meet homeless criteria (as stated in the target population) or formerly homeless – permanently housed for less than one year.
- US citizen or legal resident of the US (legal residents must have gained residency by 1996 or a minimum 5 year work history)
- Must not have an active claim with the Social Security Administration
- Must have a physical and/or mental disability that does not allow one to work for 12 months or more.

SERVICES PROVIDED

- Provide representation at **no cost**. It is the mission of the program to reduce barriers and increase access to SSDI/SSI for homeless individuals without taking any fee for service or a percentage of the back pay or current check.
- Provide case management/consultation services to inpatient homeless individuals who are in need of SSI/SSDI benefits.
- Liaison with hospital social worker(s) to collect needed medical and/or psychiatric records, advise on how to fill out DDS questionnaires.

SERVICES PROVIDED CONTINUED...

- Collect all medical evidence prior to submission of the SSI/SSDI application.
- Provide medical and/or psychiatric evaluation(s) prior to applying for SSI/SSDI benefits.
- Fill out entire SSI/SSDI application
- Provide primary care linkage to all participants.
- Linkages and referrals to housing and other needed supportive services.

OUTCOMES

- Total Application Filed Since December 1, 2009 = 1001
- 87% Approval Rate
- 13% Denial Rate
- Average length of time from online filing date to SSA initial decision date = 4 months
- Average length of time from BEST enrollment date to SSA initial decision date = 6 months

Psychiatric Criteria

Dr. Kevin Hayes



MENTAL ILLNESS AND DISABILITY

- People with psychiatric impairments constitute the largest and most rapidly growing subgroup of beneficiaries.
- Serious psychiatric illnesses are characterized by fluctuating symptoms, cognitive deficits, and comorbid medical and addictive disorders.
- Impairments to vocational functioning, interpersonal relationships and even independent living skills.

Information from Social Security and Mental Illness: Reducing Disability with Supported Evidence

SSA LISTING OF PSYCHIATRIC DISABILITIES

Organic mental disorders
Schizophrenic, paranoid, and other psychotic disorders
Affective disorders
Mental retardation
Anxiety-related disorders
Somatoform disorders
Personality disorders
Substance addiction disorders
Autistic disorder and other pervasive developmental disorders

*This listing represents psychiatric impairments considered severe by the SSA. Adapted from the Social Security Administration¹ and the Office of the Federal Register.²

SEVERITY CRITERIA

- 1) Presence of continuous or intermittent psychotic symptoms, with deterioration from prior level of functioning
- 2) Medical documentation of any or more of the following:
 - a) Delusions
 - b) Hallucinations
 - c) Catatonia
 - d) Grossly disorganized behavior
 - e) Incoherence, illogical thought processes, poverty of speech
 and any of the following:
 - (1) Blunted affect
 - (2) Flattened affect
 - (3) Inappropriate affect
 - (4) Emotional withdrawal
 - (5) Isolation
- AND
- 3) Medical documentation of any of the following:
 - a) Marked limitations in activities of daily living
 - b) Marked difficulties in social functioning
 - c) Marked difficulties in maintaining concentration, persistence in activity, or pace
 - d) Repeated episodes of decompensation
- OR
- 4) Medical documentation of an attenuated psychotic disorder of at least 2 years' duration, and any of the following:
 - a) Repeated episodes of decompensation
 - b) Marginal adjustment in which mental demands or environmental changes would result in decompensation
 - c) Inability to live outside of a highly structured, supportive living arrangement

¹Adapted from Social Security Administration publication 64-039, pp. 106-107.²

CLINICAL INFORMATION REQUIRED

Psychiatric diagnosis
Ruled-out diagnoses
Psychiatric symptoms
Nature and frequency of treatment
Medications
Psychotherapy/counseling
Hospitalizations
Compliance with treatment
Response to treatment
Mental status examination
Appearance
Speech
Mood and affect
Thought form (goal-directed, tangentiality, flight of ideas, circumstantiality)
Thought content
Perception disturbances (illusions, hallucinations)
Cognitive functioning
Orientation
Registration
Recall
Concentration
Execution of simple commands
Abstraction
Judgment

³Based on Folsom et al.¹²

Role of a Case Manager on a Multidisciplinary Team

Rose Liu



DUTIES OF A CASE MANAGER

- Oversee the participant's Social Security Administration application process by providing case management assessments for each Project participant.
- Research and obtain documentation of past and current health and mental health records.
- Interface with BEST providers in scheduling appointments, collecting questionnaires and managing participant's health care needs.
- Serve as a liaison for the Multidisciplinary team, SSA, Disability Determination Service, County departments and other public, private and non-profit agencies serving homeless individuals.

REFERRALS TO BEST

WHEN SHOULD YOU SEND A REFERRAL TO BEST?

- If you have a patient/client that is homeless and is expected to be inpatient for an extended amount of time and is in need of SSI/SSDI benefits.
- If you have a patient/client that does not have the ability to perform any type of work for at least 12 months due to his/her disability.
- If your patient/client shares with you that he/she has worked in the past but had to stop working due to a disability.
- If you have a chronically homeless patient/client he/she likely has never worked and is in need of assistance to obtain benefits.

HOW TO COMPLETE A REFERRAL FORM

A sample of the BEST Referral Form. It is a multi-sectioned form with various fields for patient information, referral details, and provider information. The form is titled "BEST Referral Form" and includes instructions for completion.

- Fax it to the BEST location closest to you.
- Follow up with a phone call to ensure referral has been received and talk to the case manager onsite to make arrangements for an appointment.

SCREENING TOOL FAX NUMBERS

- Center for Community Health
○ 213-627-4003
- JWCH Recuperative Care
○ 323-263-8348
- Cleaver Family Wellness Center
○ 626-579-2689
- MJB Shelter
○ 323-777-0426

SSA and DDS

Patrick McLellan & Elaine Lee



SSA & DDS

- Procedures for the BEST Project
- Special handling for homeless clients
- Specific issues for mental health disability cases
- Why the partnership works for SSA, DDS & BEST
- Best practices in putting together a application

Role of SSI/SSDI for Housing

Leepi Shimkhada



- Award for SSI/SSDI allows clients to receive income that pays for permanent housing
- Pays for specific housing needs for clients such as Board and Care
- With the income, clients have access to reunite with family members
- Department of Health Services Housing Opportunities

ROLE OF SSI/SSDI FOR HOUSING

- Access to Housing for Health
- Neighborhood Stabilization Program (NSP) Project
- Recuperative Care
- B.E.S.T. for the Homeless

DHS CURRENT INITIATIVES

ACCESS TO HOUSING FOR HEALTH

- Partnership with Los Angeles City and County Housing Authorities and Homeless Health Care LA
- Began March 2007 and funded by LA County Homeless Prevention Initiative
- Provides Section 8 housing vouchers to DHS homeless patients with a chronic illness with 2 or more hospital/ER visits within the past 12 months
- In addition to securing permanent housing, project services include:
 - Temporary housing
 - Housing location services
 - Case management during temporary housing and for 12 months post permanent housing
 - Referral linkage to health, mental health, substance use disorder, and other supportive services

A comparison of DHS hospital utilization 12 months before and after enrollment found:
77% reduction in ER visits
77% reduction in inpatient admissions
85% reduction in inpatient days

Housed clients used an average of \$32,000 per year less in DHS services in the year following housing as compared to the year before housing.

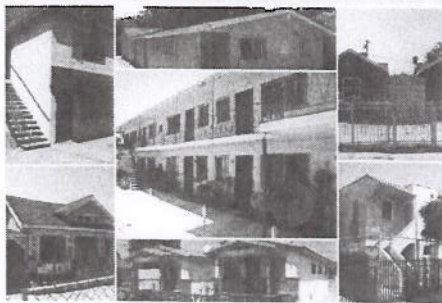
NEIGHBORHOOD STABILIZATION PROGRAM (NSP) PROJECT

- Partnership with Los Angeles Housing Department (LAHD), Housing Authority of the City of Los Angeles (HACLA), DMH, and DPH
- LAHD - 15 newly renovated properties in South LA (56 units ranging from a 13 unit apartment complex to a single family house)
- HACLA - Section 8 vouchers
- DHS - Identify clients and provide intensive case management services
- DHS/DMH/DPH - health, mental health, substance use disorder services

NSP PROJECT

- This the first of the new permanent housing projects that will be coming online for DHS patients.
- Housing subsidies will be through HACLA homeless Section 8.
- There will be 56 units of permanent housing with intensive case management services and property management that works closely with the case management agency.
- Referrals will come from the Department of Health Services.

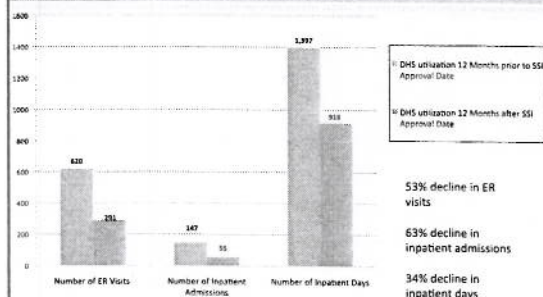
NSP SITES



RECUPERATIVE CARE

- Recuperative care provides health monitoring for homeless individuals who no longer require hospital care, but still need time to convalesce.
- JWCH Institute, Inc. (JWCH) currently operates this program in 2 locations (Downtown LA and Bell). DHS contracts with JWCH for 25 of these beds for DHS patients who are homeless.
- Services include:
 - Health monitoring for homeless individuals
 - Open for services in a shelter environment 24 hours a day, 7 days a week

BEST OUTCOMES



Future Opportunities

- Continue to participate in County-wide efforts to coordinate supportive housing funding and reduce chronic homelessness.
- Partner with DMH and DPH to align resources with future capital, services and operations opportunities.
- Continue collaboration with County and City Housing Authorities.
- Continue collaboration with LAHD for more capital development.
- Collaborate with non profit housing developers interested in providing permanent housing options for frequent users of the DHS hospital system.

Contact Information

Leepi Shimkhada – 213-240-8363

Steve Flores – 213-215-8858

Rose Liu – 213-447-9885



Questions ?



Thank You!



A project of JWCH Institute, Inc. in collaboration with the Los Angeles County Department of Health Services

Today's Date: _____

Name: _____ DOB (must be 18+): _____ Gender: _____

Social Security #: _____ Birthplace: _____

Contact Phone #: _____ Mark one: ☐ cell phone ☐ message phone

Clinic/Outreach Site: _____

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Native American ☐ Other (Specify: _____)

1. Has the individual ever filed for Social Security benefits before being referred to this program? ☐ Yes ☐ No

If YES, please specify when and where (date, location & decision): _____

2. Is the individual a United States citizen or legal permanent resident? If neither, do not continue. Individual is not eligible.

☐ U.S Citizen ☐ Permanent Resident

If the individual is a **Permanent Resident**, what year did the individual become a Permanent Resident? _____

3. Does the individual meet the DP definition of homeless? (Mark only one)

A person is in the BEST target population if he/she lives in... <input type="checkbox"/> A place not meant for human habitation, such as: streets, cars, abandoned buildings, parks, bus stations, etc. <input type="checkbox"/> Resides in shelter environments	<input type="checkbox"/> Resides in transitional housing <input type="checkbox"/> Resides in permanent housing for less than one year.
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3a) Please briefly describe where the individual currently resides (i.e. name of shelter, cross streets): _____

3b) How long homeless? _____ Mark one: ☐ days ☐ weeks ☐ months ☐ years

4. Referral Source: Did a hospital refer you to BEST? ☐ Yes (name of hospital): _____ ☐ No

	Facility/Agency/Dept. Name or Outreach?	Currently Receiving Services from Referring Agency?	Referring person's name	Referring person's phone number
1				
2				

5. Has the individual been **DIAGNOSED** with a "severe" **MEDICAL CONDITION** that impairs his/her ability to do basic work activities such as walking, sitting, and remembering? These conditions must persist for at least one (1) year. Please list all "severe" diagnosed medical conditions that apply (attach extra pages, if necessary).

1. _____ 2. _____ 3. _____

6. Medication List (current medications only):

	Medication Name	Dosage	Reason for Use	Prescribing Doctor/Facility
1				
2				

7. Has the individual been **DIAGNOSED** with a "severe" **MENTAL HEALTH CONDITION** that impairs his/her ability to do basic work activities such as concentrating, remembering and getting along with others? These conditions must persist for at least one (1) year. Please list all "severe" diagnosed mental health conditions that apply (attach extra pages, if necessary).

1. _____ 2. _____ 3. _____

8. Has the individual ever been hospitalized for a mental health condition? (e.g., psychiatric hold, 5150, etc.) ☐ Yes ☐ No

If Yes, please specify hospital(s) and dates: _____

9. Medication List (current medications only):

	Medication Name	Dosage	Reason for Use	Prescribing Doctor/Facility
1				
2				
3				
4				

10. Is the individual currently receiving mental health treatment, medical services and/or drug treatment? ☐ Yes ☐ No

If YES, please fill out:

	Facility/Agency/ Hospital	List of Current Services Being Received	Treating Psychiatrist or Physician's Name	Address, if known
1				
2				

11. Is the individual currently working? ☐ Yes, where do you work (i.e., day labor, name of company, etc.)? _____If YES, how much do you earn/month? \$ _____ ☐ Not working

12. Government Assistance/Income: Please check all that apply.

- ☐ General Relief (GR)
☐ Food Stamps only
☐ Medi-Cal

13. Has the individual worked and paid Social Security taxes? ☐ Yes ☐ No ☐ Don't know14. Is the individual's monthly countable resource limit at or below \$2,000? ☐ Yes ☐ No

Any individual that expresses an interest in filing for SSDI and/or SSI, even if they do not meet the eligibility guidelines for the BEST Program, should be referred to the nearest Social Security Administration (SSA) office or to 1-800-772-1213 (for deaf or hard of hearing, TTY 1-800-325-0778) for a **FORMAL DETERMINATION from SSA.**

AUTHORIZATION TO SHARE/RELEASE INFORMATION AGREEMENT

- I understand that provisions of law, including but not limited to Welfare & Institutions Code Section 10850, protect the identity of applicants and participants of public assistance and also protect the unauthorized release of confidential welfare information that is not directly connected to the Department of Health Services (DHS).
- I have been told that the County of Los Angeles wants to use my information to assist DHS, the Social Security Administration (SSA), the Disability Determination Service (DDS) and other agencies to expand and coordinate services, analyze and evaluate services provided by BEST, evaluate outcomes, make necessary policy and regulatory changes, create interagency partnerships, and to be more efficient in their service delivery for homeless individuals and families.
- I understand that if I sign this agreement, I voluntarily consent and hereby authorize JWCH Institute, Inc. to release and disclose information about me to the County of Los Angeles, SSA and the DDS.
- I understand and agree that I will receive no money or other benefits from the County of Los Angeles or any other party as a result of consenting to the release of such information.
- I agree to release the County of Los Angeles, its agents and employees from any liability whatsoever, including for injuries, damages and losses, known or unknown, resulting from sharing the information with other County departments, the Social Security Administration, the Disability Determination Services, homeless service providers and housing locators with whom the County has relationships.
- I acknowledge that before signing this consent for release agreement, I have carefully read and fully understand its terms.
- This agreement shall become effective on the date provided below and will expire one year from the date below.

Signature _____ Date _____

Referring Agency Staff Signature _____ Date _____

Print Name _____

Referring Agency Staff Name, Title, Agency Name _____